

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SEARCH NO. 687945459	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						61			
2						62			
3						63			
4						64			
5						65			
6						66			
7						67			
8						68			
9						69			
10						70			
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27						87			
28						88			
29						89			
30						90			
31						91			
32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41						TOTAL IND.			
42						TOTAL DEP.			
43						TOTAL CLAIMS			
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	1								
TOTAL DEP.	14								
TOTAL CLAIMS	15								
MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									